

Georgia Department of Community Health

	Facility Name	Augusta University Medical Center
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	67,859,751
11	cost of Medicaid covered services	14,336,530
	Medicaid CCR	0.2113
12	total hospital CCR	0.2511
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	14,336,530
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	2,204,753
18	payments	99,300
19	annual covered charges	2,204,753
20	annual interim payments	99,300
21	annual cost of services	553,663
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	13,075,827
25	payments	1,353,802
26	annual covered charges	13,075,827
27	annual interim payments	1,353,802
28	annual cost of services	3,283,637
29		
30	Medicaid annual payments	15,789,632
31	Cost of services - max annual payments for UPL	18,173,830
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	16,516,192
37	adjusted maximum annual payments for UPL	19,010,099
38	annual facility specific UPL amount	2,493,907
39		
40	annual allocation of charge limit (if applicable)	253
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	2,494,160
42		
43	UPL adjustment available for SFY2018	2,494,160

## Georgia Department of Community Health

	Facility Name	Roosevelt Warm Sprngs Rehab & Specialty Hospitals, Inc.
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,675
11	cost of Medicaid covered services	2,928
	Medicaid CCR	1.0946
12	total hospital CCR	0.4583
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	2,928
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	0
18	payments	0
19	annual covered charges	0
20	annual interim payments	0
21	annual cost of services	-
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	2,928
31	Cost of services - max annual payments for UPL	2,928
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	3,063
37	adjusted maximum annual payments for UPL	3,063
38	annual facility specific UPL amount	0
39		
40	annual allocation of charge limit (if applicable)	(253)
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	(253)
42		
43	UPL adjustment available for SFY2018	0

Georgia Department of Community Health

	Facility Name	Appling Hospital
2	base period report period beginning date	9/1/2015
3	base period report period ending date	8/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,064,029
11	cost of Medicaid covered services	350,062
	Medicaid CCR	0.3290
12	total hospital CCR	0.5750
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	335,254
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	81,607
18	payments	6,545
19	annual covered charges	81,607
20	annual interim payments	6,545
21	annual cost of services	46,922
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	341,799
31	Cost of services - max annual payments for UPL	396,984
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	357,527
37	adjusted maximum annual payments for UPL	415,251
38	annual facility specific UPL amount	57,724
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(148)
	annual UPL amount after aggregate limit	
42	adjustments	57,576
43	UPL adjustment available for SFY2018	57,576

Georgia Department of Community Health

	Facility Name	Piedmont Athens Regional Medical Ctr
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	24,351,998
11	cost of Medicaid covered services	4,084,039
	Medicaid CCR	0.1677
12	total hospital CCR	0.2350
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,911,284
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	847,896
18	payments	32,130
19	annual covered charges	847,896
20	annual interim payments	32,130
21	annual cost of services	199,221
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,029,577
25	payments	403,320
26	annual covered charges	3,029,577
27	annual interim payments	403,320
28	annual cost of services	711,826
29		
30	Medicaid annual payments	4,346,734
31	Cost of services - max annual payments for UPL	4,995,086
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	4,546,749
37	adjusted maximum annual payments for UPL	5,224,935
38	annual facility specific UPL amount	678,186
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(1,743)
	annual UPL amount after aggregate limit	
42	adjustments	676,443
43	UPL adjustment available for SFY2018	676,443

Georgia Department of Community Health

	Facility Name	Burke Medical Center
2	base period report period beginning date	6/1/2015
3	base period report period ending date	5/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	841,735
11	cost of Medicaid covered services	248,245
	Medicaid CCR	0.2949
12	total hospital CCR	0.4236
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	237,744
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	93,587
18	payments	7,832
19	annual covered charges	93,587
20	annual interim payments	7,832
21	annual cost of services	39,648
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	245,576
31	Cost of services - max annual payments for UPL	287,893
32		
33	<u>adjustment factor</u>	
34	inflation	1.046677
35		
36	adjusted Medicaid annual payments	257,039
37	adjusted maximum annual payments for UPL	301,331
38	annual facility specific UPL amount	44,292
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(114)
	annual UPL amount after aggregate limit	
42	adjustments	44,178
43	UPL adjustment available for SFY2018	44,178

Georgia Department of Community Health

	Facility Name	Children's Healthcare of Atlanta at Hughes Spalding
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	14,614,400
11	cost of Medicaid covered services	3,429,028
	Medicaid CCR	0.2346
12	total hospital CCR	0.1924
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,283,980
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	2,145,194
18	payments	91,613
19	annual covered charges	2,145,194
20	annual interim payments	91,613
21	annual cost of services	412,824
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	173,443
25	payments	101,687
26	annual covered charges	173,443
27	annual interim payments	101,687
28	annual cost of services	33,378
29		
30	Medicaid annual payments	3,477,280
31	Cost of services - max annual payments for UPL	3,875,230
32		
33	<u>adjustment factor</u>	
34	inflation	1.045024
35		
36	adjusted Medicaid annual payments	3,633,841
37	adjusted maximum annual payments for UPL	4,049,708
38	annual facility specific UPL amount	415,867
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(1,069)
	annual UPL amount after aggregate limit adjustments	414,798
42		
43	UPL adjustment available for SFY2018	414,798

Georgia Department of Community Health

	Facility Name	Coffee Regional Medical Center
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	8,536,863
11	cost of Medicaid covered services	1,555,315
	Medicaid CCR	0.1822
12	total hospital CCR	0.2231
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,489,525
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	459,579
18	payments	27,355
19	annual covered charges	459,579
20	annual interim payments	27,355
21	annual cost of services	102,523
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,433,020
25	payments	182,993
26	annual covered charges	1,433,020
27	annual interim payments	182,993
28	annual cost of services	319,679
29		
30	Medicaid annual payments	1,699,873
31	Cost of services - max annual payments for UPL	1,977,517
32		
33	<u>adjustment factor</u>	
34	inflation	1.045024
35		
36	adjusted Medicaid annual payments	1,776,408
37	adjusted maximum annual payments for UPL	2,066,553
38	annual facility specific UPL amount	290,145
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(746)
	annual UPL amount after aggregate limit	
42	adjustments	289,399
43	UPL adjustment available for SFY2018	289,399

Georgia Department of Community Health

	Facility Name	Colquitt Regional Medical Center
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	6,715,122
11	cost of Medicaid covered services	1,478,650
	Medicaid CCR	0.2202
12	total hospital CCR	0.2707
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,416,103
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	355,587
18	payments	23,623
19	annual covered charges	355,587
20	annual interim payments	23,623
21	annual cost of services	96,273
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	639,199
25	payments	136,159
26	annual covered charges	639,199
27	annual interim payments	136,159
28	annual cost of services	173,059
29		
30	Medicaid annual payments	1,575,885
31	Cost of services - max annual payments for UPL	1,747,982
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	1,648,399
37	adjusted maximum annual payments for UPL	1,828,415
38	annual facility specific UPL amount	180,016
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(463)
	annual UPL amount after aggregate limit	
42	adjustments	179,553
43	UPL adjustment available for SFY2018	179,553



Georgia Department of Community Health

	Facility Name	Cook Medical Center - A Campus of Tift Reg Med Ctr
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,122,383
11	cost of Medicaid covered services	210,480
	Medicaid CCR	0.1875
12	total hospital CCR	0.4971
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	201,577
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	131,261
18	payments	14,374
19	annual covered charges	131,261
20	annual interim payments	14,374
21	annual cost of services	65,244
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	215,951
31	Cost of services - max annual payments for UPL	275,724
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	225,888
37	adjusted maximum annual payments for UPL	288,411
38	annual facility specific UPL amount	62,523
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(161)
	annual UPL amount after aggregate limit	
42	adjustments	62,362
43	UPL adjustment available for SFY2018	62,362

Georgia Department of Community Health

	Facility Name	Crisp Regional Hospital, Inc.
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,801,693
11	cost of Medicaid covered services	893,119
	Medicaid CCR	0.2349
12	total hospital CCR	0.3464
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	855,340
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	194,892
18	payments	15,048
19	annual covered charges	194,892
20	annual interim payments	15,048
21	annual cost of services	67,506
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	338,681
25	payments	86,317
26	annual covered charges	338,681
27	annual interim payments	86,317
28	annual cost of services	117,312
29		
30	Medicaid annual payments	956,705
31	Cost of services - max annual payments for UPL	1,077,937
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	1,000,728
37	adjusted maximum annual payments for UPL	1,127,538
38	annual facility specific UPL amount	126,810
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(326)
	annual UPL amount after aggregate limit	
42	adjustments	126,484
43	UPL adjustment available for SFY2018	126,484

Georgia Department of Community Health

	Facility Name	DeKalb Medical at North Decatur
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	16,021,378
11	cost of Medicaid covered services	2,999,452
	Medicaid CCR	0.1872
12	total hospital CCR	0.2834
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,872,575
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	998,373
18	payments	33,620
19	annual covered charges	998,373
20	annual interim payments	33,620
21	annual cost of services	282,945
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,752,191
25	payments	307,786
26	annual covered charges	1,752,191
27	annual interim payments	307,786
28	annual cost of services	496,582
29		
30	Medicaid annual payments	3,213,981
31	Cost of services - max annual payments for UPL	3,778,979
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	3,361,872
37	adjusted maximum annual payments for UPL	3,952,869
38	annual facility specific UPL amount	590,997
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(1,519)
	annual UPL amount after aggregate limit	
42	adjustments	589,478
43	UPL adjustment available for SFY2018	589,478

Georgia Department of Community Health

	Facility Name	DeKalb Medical Center at Hillandale
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	9,823,014
11	cost of Medicaid covered services	1,855,227
	Medicaid CCR	0.1889
12	total hospital CCR	0.2317
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,776,751
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	986,768
18	payments	44,304
19	annual covered charges	986,768
20	annual interim payments	44,304
21	annual cost of services	228,600
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	59,000
25	payments	12,152
26	annual covered charges	59,000
27	annual interim payments	12,152
28	annual cost of services	13,668
29		
30	Medicaid annual payments	1,833,207
31	Cost of services - max annual payments for UPL	2,097,495
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	1,917,562
37	adjusted maximum annual payments for UPL	2,194,011
38	annual facility specific UPL amount	276,449
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(711)
	annual UPL amount after aggregate limit	
42	adjustments	275,738
43	UPL adjustment available for SFY2018	275,738

Georgia Department of Community Health

	Facility Name	Dodge County Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,789,668
11	cost of Medicaid covered services	557,707
	Medicaid CCR	0.1999
12	total hospital CCR	0.2811
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	534,116
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	191,821
18	payments	15,048
19	annual covered charges	191,821
20	annual interim payments	15,048
21	annual cost of services	53,920
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	549,164
31	Cost of services - max annual payments for UPL	611,627
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	574,434
37	adjusted maximum annual payments for UPL	639,771
38	annual facility specific UPL amount	65,337
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(168)
	annual UPL amount after aggregate limit	
42	adjustments	65,169
43	UPL adjustment available for SFY2018	65,169

Georgia Department of Community Health

	Facility Name	Dorminy Medical Center
2	base period report period beginning date	8/1/2015
3	base period report period ending date	7/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,789,990
11	cost of Medicaid covered services	623,392
	Medicaid CCR	0.2234
12	total hospital CCR	0.2666
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	597,023
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	411,006
18	payments	25,956
19	annual covered charges	411,006
20	annual interim payments	25,956
21	annual cost of services	109,559
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	572,999
25	payments	105,635
26	annual covered charges	572,999
27	annual interim payments	105,635
28	annual cost of services	152,740
29		
30	Medicaid annual payments	728,614
31	Cost of services - max annual payments for UPL	885,691
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	762,141
37	adjusted maximum annual payments for UPL	926,446
38	annual facility specific UPL amount	164,305
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(422)
	annual UPL amount after aggregate limit	
42	adjustments	163,883
43	UPL adjustment available for SFY2018	163,883

Georgia Department of Community Health

	Facility Name	Elbert Memorial Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	846,819
11	cost of Medicaid covered services	245,283
	Medicaid CCR	0.2897
12	total hospital CCR	0.3649
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	234,908
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	70,245
18	payments	3,860
19	annual covered charges	70,245
20	annual interim payments	3,860
21	annual cost of services	25,634
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	238,768
31	Cost of services - max annual payments for UPL	270,917
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	249,755
37	adjusted maximum annual payments for UPL	283,383
38	annual facility specific UPL amount	33,628
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(86)
	annual UPL amount after aggregate limit	
42	adjustments	33,542
43	UPL adjustment available for SFY2018	33,542

Georgia Department of Community Health

	Facility Name	Emanuel Medical Center
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,565,998
11	cost of Medicaid covered services	591,320
	Medicaid CCR	0.1658
12	total hospital CCR	0.2730
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	566,307
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	515,343
18	payments	16,446
19	annual covered charges	515,343
20	annual interim payments	16,446
21	annual cost of services	140,713
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	582,753
31	Cost of services - max annual payments for UPL	732,033
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	609,568
37	adjusted maximum annual payments for UPL	765,717
38	annual facility specific UPL amount	156,149
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(401)
	annual UPL amount after aggregate limit	
42	adjustments	155,748
43	UPL adjustment available for SFY2018	155,748



Georgia Department of Community Health

	Facility Name	Evans Memorial Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,073,674
11	cost of Medicaid covered services	254,846
	Medicaid CCR	0.2374
12	total hospital CCR	0.2692
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	244,066
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	160,024
18	payments	9,566
19	annual covered charges	160,024
20	annual interim payments	9,566
21	annual cost of services	43,078
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	253,632
31	Cost of services - max annual payments for UPL	297,924
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	265,303
37	adjusted maximum annual payments for UPL	311,633
38	annual facility specific UPL amount	46,330
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(119)
	annual UPL amount after aggregate limit	
42	adjustments	46,211
43	UPL adjustment available for SFY2018	46,211

Georgia Department of Community Health

	Facility Name	Floyd Medical Center
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	33,076,530
11	cost of Medicaid covered services	5,500,259
	Medicaid CCR	0.1663
12	total hospital CCR	0.2104
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,267,598
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	936,425
18	payments	33,564
19	annual covered charges	936,425
20	annual interim payments	33,564
21	annual cost of services	197,052
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	4,359,454
25	payments	543,906
26	annual covered charges	4,359,454
27	annual interim payments	543,906
28	annual cost of services	917,362
29		
30	Medicaid annual payments	5,845,068
31	Cost of services - max annual payments for UPL	6,614,673
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	6,114,029
37	adjusted maximum annual payments for UPL	6,919,047
38	annual facility specific UPL amount	805,018
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(2,069)
	annual UPL amount after aggregate limit	
42	adjustments	802,949
43	UPL adjustment available for SFY2018	802,949

Georgia Department of Community Health

	Facility Name	Grady General Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,035,327
11	cost of Medicaid covered services	492,879
	Medicaid CCR	0.2422
12	total hospital CCR	0.2999
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	472,030
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	60,957
18	payments	5,930
19	annual covered charges	60,957
20	annual interim payments	5,930
21	annual cost of services	18,278
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	59,979
25	payments	11,090
26	annual covered charges	59,979
27	annual interim payments	11,090
28	annual cost of services	17,985
29		
30	Medicaid annual payments	489,050
31	Cost of services - max annual payments for UPL	529,142
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	511,554
37	adjusted maximum annual payments for UPL	553,490
38	annual facility specific UPL amount	41,936
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(108)
	annual UPL amount after aggregate limit	
42	adjustments	41,828
43	UPL adjustment available for SFY2018	41,828

Georgia Department of Community Health

	Facility Name	Grady Health System/Grady Memorial Hospital
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	88,946,297
11	cost of Medicaid covered services	17,800,887
	Medicaid CCR	0.2001
12	total hospital CCR	0.1924
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	17,047,909
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,961,940
18	payments	47,941
19	annual covered charges	1,961,940
20	annual interim payments	47,941
21	annual cost of services	377,559
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	15,968,641
25	payments	2,784,830
26	annual covered charges	15,968,641
27	annual interim payments	2,784,830
28	annual cost of services	3,073,030
29		
30	Medicaid annual payments	19,880,680
31	Cost of services - max annual payments for UPL	21,251,476
32		
33	<u>adjustment factor</u>	
34	inflation	1.045024
35		
36	adjusted Medicaid annual payments	20,775,788
37	adjusted maximum annual payments for UPL	22,208,302
38	annual facility specific UPL amount	1,432,514
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(3,682)
	annual UPL amount after aggregate limit	
42	adjustments	1,428,832
43	UPL adjustment available for SFY2018	1,428,832

Georgia Department of Community Health

	Facility Name	Gwinnett Medical Center
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	23,523,079
11	cost of Medicaid covered services	4,892,834
	Medicaid CCR	0.2080
12	total hospital CCR	0.2462
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	4,685,867
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,292,331
18	payments	45,871
19	annual covered charges	1,292,331
20	annual interim payments	45,871
21	annual cost of services	318,135
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,903,147
25	payments	661,296
26	annual covered charges	2,903,147
27	annual interim payments	661,296
28	annual cost of services	714,671
29		
30	Medicaid annual payments	5,393,034
31	Cost of services - max annual payments for UPL	5,925,640
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	5,641,194
37	adjusted maximum annual payments for UPL	6,198,308
38	annual facility specific UPL amount	557,114
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(1,432)
	annual UPL amount after aggregate limit	
42	adjustments	555,682
43	UPL adjustment available for SFY2018	555,682

Georgia Department of Community Health

	Facility Name	Gwinnett Medical Center - Duluth
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	23,523,079
11	cost of Medicaid covered services	4,892,834
	Medicaid CCR	0.2080
12	total hospital CCR	0.2462
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	4,685,867
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	497,241
18	payments	18,964
19	annual covered charges	497,241
20	annual interim payments	18,964
21	annual cost of services	122,406
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	32,683
25	payments	5,526
26	annual covered charges	32,683
27	annual interim payments	5,526
28	annual cost of services	8,046
29		
30	Medicaid annual payments	4,710,357
31	Cost of services - max annual payments for UPL	5,023,286
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	4,927,104
37	adjusted maximum annual payments for UPL	5,254,433
38	annual facility specific UPL amount	327,329
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(841)
	annual UPL amount after aggregate limit	
42	adjustments	326,488
43	UPL adjustment available for SFY2018	326,488

Georgia Department of Community Health

	Facility Name	Habersham County Medical Center
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,517,992
11	cost of Medicaid covered services	673,538
	Medicaid CCR	0.2675
12	total hospital CCR	0.4632
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	645,047
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	232,909
18	payments	17,174
19	annual covered charges	232,909
20	annual interim payments	17,174
21	annual cost of services	107,880
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	662,221
31	Cost of services - max annual payments for UPL	781,418
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	692,693
37	adjusted maximum annual payments for UPL	817,375
38	annual facility specific UPL amount	124,682
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(320)
	annual UPL amount after aggregate limit	
42	adjustments	124,362
43	UPL adjustment available for SFY2018	124,362

Georgia Department of Community Health

	Facility Name	Houston Medical Center
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	14,037,958
11	cost of Medicaid covered services	3,149,906
	Medicaid CCR	0.2244
12	total hospital CCR	0.3058
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,016,665
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	397,745
18	payments	16,279
19	annual covered charges	397,745
20	annual interim payments	16,279
21	annual cost of services	121,627
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,128,368
25	payments	231,495
26	annual covered charges	1,128,368
27	annual interim payments	231,495
28	annual cost of services	345,045
29		
30	Medicaid annual payments	3,264,439
31	Cost of services - max annual payments for UPL	3,616,578
32		
33	<u>adjustment factor</u>	
34	inflation	1.045024
35		
36	adjusted Medicaid annual payments	3,411,417
37	adjusted maximum annual payments for UPL	3,779,411
38	annual facility specific UPL amount	367,994
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(946)
	annual UPL amount after aggregate limit	
42	adjustments	367,048
43	UPL adjustment available for SFY2018	367,048



Georgia Department of Community Health

	Facility Name	Irwin County Hospital
2	base period report period beginning date	12/1/2015
3	base period report period ending date	11/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,780,657
11	cost of Medicaid covered services	395,708
	Medicaid CCR	0.2222
12	total hospital CCR	0.3326
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	378,970
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	103,524
18	payments	6,209
19	annual covered charges	103,524
20	annual interim payments	6,209
21	annual cost of services	34,437
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	184,268
25	payments	46,036
26	annual covered charges	184,268
27	annual interim payments	46,036
28	annual cost of services	61,296
29		
30	Medicaid annual payments	431,215
31	Cost of services - max annual payments for UPL	491,441
32		
33	<u>adjustment factor</u>	
34	inflation	1.045354
35		
36	adjusted Medicaid annual payments	450,772
37	adjusted maximum annual payments for UPL	513,730
38	annual facility specific UPL amount	62,958
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(162)
	annual UPL amount after aggregate limit	
42	adjustments	62,796
43	UPL adjustment available for SFY2018	62,796

Georgia Department of Community Health

	Facility Name	Jefferson Hospital
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	405,043
11	cost of Medicaid covered services	170,382
	Medicaid CCR	0.4207
12	total hospital CCR	0.7018
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	163,175
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	59,767
18	payments	6,769
19	annual covered charges	59,767
20	annual interim payments	6,769
21	annual cost of services	41,942
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	169,944
31	Cost of services - max annual payments for UPL	212,324
32		
33	<u>adjustment factor</u>	
34	inflation	1.045024
35		
36	adjusted Medicaid annual payments	177,596
37	adjusted maximum annual payments for UPL	221,884
38	annual facility specific UPL amount	44,288
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(114)
	annual UPL amount after aggregate limit	
42	adjustments	44,174
43	UPL adjustment available for SFY2018	44,174

Georgia Department of Community Health

	Facility Name	Meadows Regional Medical Center
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	13,084,844
11	cost of Medicaid covered services	2,280,894
	Medicaid CCR	0.1743
12	total hospital CCR	0.2066
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,184,412
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	746,525
18	payments	32,949
19	annual covered charges	746,525
20	annual interim payments	32,949
21	annual cost of services	154,252
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	920,097
25	payments	163,893
26	annual covered charges	920,097
27	annual interim payments	163,893
28	annual cost of services	190,116
29		
30	Medicaid annual payments	2,381,254
31	Cost of services - max annual payments for UPL	2,625,262
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	2,490,827
37	adjusted maximum annual payments for UPL	2,746,063
38	annual facility specific UPL amount	255,236
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(656)
	annual UPL amount after aggregate limit	
42	adjustments	254,580
43	UPL adjustment available for SFY2018	254,580

Georgia Department of Community Health

	Facility Name	Medical Center, Navicent Health
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	29,680,713
11	cost of Medicaid covered services	7,666,298
	Medicaid CCR	0.2583
12	total hospital CCR	0.2277
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	7,342,014
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,057,280
18	payments	42,418
19	annual covered charges	1,057,280
20	annual interim payments	42,418
21	annual cost of services	240,749
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	6,732,912
25	payments	1,079,004
26	annual covered charges	6,732,912
27	annual interim payments	1,079,004
28	annual cost of services	1,533,126
29		
30	Medicaid annual payments	8,463,436
31	Cost of services - max annual payments for UPL	9,440,173
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	8,852,881
37	adjusted maximum annual payments for UPL	9,874,563
38	annual facility specific UPL amount	1,021,682
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(2,626)
	annual UPL amount after aggregate limit	
42	adjustments	1,019,056
43	UPL adjustment available for SFY2018	1,019,056

Georgia Department of Community Health

	Facility Name	Memorial Hospital And Manor
2	base period report period beginning date	4/1/2015
3	base period report period ending date	3/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,020,909
11	cost of Medicaid covered services	474,307
	Medicaid CCR	0.2347
12	total hospital CCR	0.4188
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	454,244
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	102,051
18	payments	14,712
19	annual covered charges	102,051
20	annual interim payments	14,712
21	annual cost of services	42,738
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	30,569
25	payments	4,454
26	annual covered charges	30,569
27	annual interim payments	4,454
28	annual cost of services	12,802
29		
30	Medicaid annual payments	473,410
31	Cost of services - max annual payments for UPL	529,847
32		
33	<u>adjustment factor</u>	
34	inflation	1.048004
35		
36	adjusted Medicaid annual payments	496,136
37	adjusted maximum annual payments for UPL	555,282
38	annual facility specific UPL amount	59,146
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(152)
	annual UPL amount after aggregate limit	
42	adjustments	58,994
43	UPL adjustment available for SFY2018	58,994

Georgia Department of Community Health

	Facility Name	Midtown Medical Center
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	13,298,980
11	cost of Medicaid covered services	5,171,700
	Medicaid CCR	0.3889
12	total hospital CCR	0.2626
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	4,952,937
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	824,248
18	payments	54,094
19	annual covered charges	824,248
20	annual interim payments	54,094
21	annual cost of services	216,440
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	5,280,340
25	payments	1,077,636
26	annual covered charges	5,280,340
27	annual interim payments	1,077,636
28	annual cost of services	1,386,570
29		
30	Medicaid annual payments	6,084,667
31	Cost of services - max annual payments for UPL	6,774,710
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	6,364,653
37	adjusted maximum annual payments for UPL	7,086,448
38	annual facility specific UPL amount	721,795
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(1,855)
	annual UPL amount after aggregate limit	
42	adjustments	719,940
43	UPL adjustment available for SFY2018	719,940

Georgia Department of Community Health

	Facility Name	Murray Medical Center
2	base period report period beginning date	10/1/2015
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	0.800000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,933,219
11	cost of Medicaid covered services	608,943
	Medicaid CCR	0.1548
12	total hospital CCR	0.1583
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	583,185
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	333,358
18	payments	16,557
19	annual covered charges	266,687
20	annual interim payments	13,245
21	annual cost of services	42,207
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	25,217
25	payments	5,336
26	annual covered charges	20,173
27	annual interim payments	4,269
28	annual cost of services	3,193
29		
30	Medicaid annual payments	600,699
31	Cost of services - max annual payments for UPL	654,343
32		
33	<u>adjustment factor</u>	
34	inflation	1.045024
35		
36	adjusted Medicaid annual payments	627,745
37	adjusted maximum annual payments for UPL	683,804
38	annual facility specific UPL amount	56,059
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(144)
	annual UPL amount after aggregate limit	
42	adjustments	55,915
43	UPL adjustment available for SFY2018	55,915

Georgia Department of Community Health

	Facility Name	Northeast Georgia Medical Center Gaines
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	38,496,510
11	cost of Medicaid covered services	6,519,935
	Medicaid CCR	0.1694
12	total hospital CCR	0.2262
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	6,244,142
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,728,375
18	payments	60,751
19	annual covered charges	1,728,375
20	annual interim payments	60,751
21	annual cost of services	390,928
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	5,271,491
25	payments	670,993
26	annual covered charges	5,271,491
27	annual interim payments	670,993
28	annual cost of services	1,192,317
29		
30	Medicaid annual payments	6,975,886
31	Cost of services - max annual payments for UPL	8,103,180
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	7,296,881
37	adjusted maximum annual payments for UPL	8,476,048
38	annual facility specific UPL amount	1,179,167
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(3,031)
	annual UPL amount after aggregate limit	
42	adjustments	1,176,136
43	UPL adjustment available for SFY2018	1,176,136



Georgia Department of Community Health

	Facility Name	Northside Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	21,625,319
11	cost of Medicaid covered services	5,212,163
	Medicaid CCR	0.2410
12	total hospital CCR	0.2024
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	4,991,689
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	658,061
18	payments	15,104
19	annual covered charges	658,061
20	annual interim payments	15,104
21	annual cost of services	133,214
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	5,214,553
25	payments	1,446,812
26	annual covered charges	5,214,553
27	annual interim payments	1,446,812
28	annual cost of services	1,055,606
29		
30	Medicaid annual payments	6,453,605
31	Cost of services - max annual payments for UPL	6,400,983
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	6,750,568
37	adjusted maximum annual payments for UPL	6,695,524
38	annual facility specific UPL amount	(55,044)
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	55,044
	annual UPL amount after aggregate limit	
42	adjustments	0
43	UPL adjustment available for SFY2018	0

Georgia Department of Community Health

	Facility Name	Northside Hospital - Cherokee
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	10,720,806
11	cost of Medicaid covered services	1,792,530
	Medicaid CCR	0.1672
12	total hospital CCR	0.1964
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,716,706
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	708,256
18	payments	16,558
19	annual covered charges	708,256
20	annual interim payments	16,558
21	annual cost of services	139,092
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,621,357
25	payments	162,445
26	annual covered charges	1,621,357
27	annual interim payments	162,445
28	annual cost of services	318,413
29		
30	Medicaid annual payments	1,895,709
31	Cost of services - max annual payments for UPL	2,250,035
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	1,982,940
37	adjusted maximum annual payments for UPL	2,353,570
38	annual facility specific UPL amount	370,630
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(953)
	annual UPL amount after aggregate limit	
42	adjustments	369,677
43	UPL adjustment available for SFY2018	369,677

Georgia Department of Community Health

	Facility Name	Northside Hospital - Forsyth
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	10,394,380
11	cost of Medicaid covered services	1,670,705
	Medicaid CCR	0.1607
12	total hospital CCR	0.2098
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,600,034
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	532,407
18	payments	13,817
19	annual covered charges	532,407
20	annual interim payments	13,817
21	annual cost of services	111,690
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,328,189
25	payments	138,130
26	annual covered charges	1,328,189
27	annual interim payments	138,130
28	annual cost of services	278,632
29		
30	Medicaid annual payments	1,751,981
31	Cost of services - max annual payments for UPL	2,061,027
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	1,832,598
37	adjusted maximum annual payments for UPL	2,155,865
38	annual facility specific UPL amount	323,267
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(831)
	annual UPL amount after aggregate limit	
42	adjustments	322,436
43	UPL adjustment available for SFY2018	322,436

Georgia Department of Community Health

	Facility Name	Northside Medical Center
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	789,885
11	cost of Medicaid covered services	151,619
	Medicaid CCR	0.1920
12	total hospital CCR	0.2941
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	145,206
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	0
18	payments	0
19	annual covered charges	0
20	annual interim payments	0
21	annual cost of services	-
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	29,669
25	payments	5,506
26	annual covered charges	29,669
27	annual interim payments	5,506
28	annual cost of services	8,725
29		
30	Medicaid annual payments	150,712
31	Cost of services - max annual payments for UPL	160,344
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	157,647
37	adjusted maximum annual payments for UPL	167,722
38	annual facility specific UPL amount	10,075
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(26)
	annual UPL amount after aggregate limit	
42	adjustments	10,049
43	UPL adjustment available for SFY2018	10,049

Georgia Department of Community Health

	Facility Name	Perry Hospital
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,093,766
11	cost of Medicaid covered services	369,041
	Medicaid CCR	0.1763
12	total hospital CCR	0.2752
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	353,431
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	104,874
18	payments	3,580
19	annual covered charges	104,874
20	annual interim payments	3,580
21	annual cost of services	28,866
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	357,011
31	Cost of services - max annual payments for UPL	397,907
32		
33	<u>adjustment factor</u>	
34	inflation	1.045024
35		
36	adjusted Medicaid annual payments	373,085
37	adjusted maximum annual payments for UPL	415,822
38	annual facility specific UPL amount	42,737
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(110)
	annual UPL amount after aggregate limit	
42	adjustments	42,627
43	UPL adjustment available for SFY2018	42,627

Georgia Department of Community Health

	Facility Name	Phoebe Putney Memorial Hospital
2	base period report period beginning date	8/1/2015
3	base period report period ending date	7/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	27,678,644
11	cost of Medicaid covered services	7,027,505
	Medicaid CCR	0.2539
12	total hospital CCR	0.2878
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	6,730,242
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	976,620
18	payments	50,066
19	annual covered charges	976,620
20	annual interim payments	50,066
21	annual cost of services	281,116
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	9,292,229
25	payments	1,258,930
26	annual covered charges	9,292,229
27	annual interim payments	1,258,930
28	annual cost of services	2,674,726
29		
30	Medicaid annual payments	8,039,238
31	Cost of services - max annual payments for UPL	9,983,347
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	8,409,164
37	adjusted maximum annual payments for UPL	10,442,731
38	annual facility specific UPL amount	2,033,567
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(5,227)
	annual UPL amount after aggregate limit	
42	adjustments	2,028,340
43	UPL adjustment available for SFY2018	2,028,340

Georgia Department of Community Health

	Facility Name	Phoebe Sumter Medical Center
2	base period report period beginning date	8/1/2015
3	base period report period ending date	7/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	6,122,317
11	cost of Medicaid covered services	1,467,544
	Medicaid CCR	0.2397
12	total hospital CCR	0.2812
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,405,467
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	325,371
18	payments	19,232
19	annual covered charges	325,371
20	annual interim payments	19,232
21	annual cost of services	91,500
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,307,191
25	payments	368,283
26	annual covered charges	2,307,191
27	annual interim payments	368,283
28	annual cost of services	648,824
29		
30	Medicaid annual payments	1,792,982
31	Cost of services - max annual payments for UPL	2,207,868
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	1,875,486
37	adjusted maximum annual payments for UPL	2,309,463
38	annual facility specific UPL amount	433,977
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(1,116)
	annual UPL amount after aggregate limit	
42	adjustments	432,861
43	UPL adjustment available for SFY2018	432,861

Georgia Department of Community Health

	Facility Name	Piedmont Henry Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	15,705,369
11	cost of Medicaid covered services	2,017,688
	Medicaid CCR	0.1285
12	total hospital CCR	0.1866
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,932,340
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,192,830
18	payments	37,868
19	annual covered charges	1,192,830
20	annual interim payments	37,868
21	annual cost of services	222,580
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,120,471
25	payments	149,346
26	annual covered charges	1,120,471
27	annual interim payments	149,346
28	annual cost of services	209,078
29		
30	Medicaid annual payments	2,119,554
31	Cost of services - max annual payments for UPL	2,449,346
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	2,217,085
37	adjusted maximum annual payments for UPL	2,562,053
38	annual facility specific UPL amount	344,968
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(887)
	annual UPL amount after aggregate limit	
42	adjustments	344,081
43	UPL adjustment available for SFY2018	344,081



Georgia Department of Community Health

	Facility Name	Piedmont Newton Medical Center
2	base period report period beginning date	1/1/2016
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	2.010000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,924,512
11	cost of Medicaid covered services	700,360
	Medicaid CCR	0.2395
12	total hospital CCR	0.2718
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	670,735
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	361,850
18	payments	16,111
19	annual covered charges	727,318
20	annual interim payments	32,383
21	annual cost of services	197,654
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	167,072
25	payments	44,362
26	annual covered charges	335,815
27	annual interim payments	89,167
28	annual cost of services	91,260
29		
30	Medicaid annual payments	792,285
31	Cost of services - max annual payments for UPL	989,274
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	828,742
37	adjusted maximum annual payments for UPL	1,034,795
38	annual facility specific UPL amount	206,053
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(530)
	annual UPL amount after aggregate limit	
42	adjustments	205,523
43	UPL adjustment available for SFY2018	205,523

Georgia Department of Community Health

	Facility Name	South Ga Medical Center
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	13,294,547
11	cost of Medicaid covered services	3,541,047
	Medicaid CCR	0.2664
12	total hospital CCR	0.2866
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,391,261
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	236,656
18	payments	17,510
19	annual covered charges	236,656
20	annual interim payments	17,510
21	annual cost of services	67,828
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,998,814
25	payments	435,760
26	annual covered charges	1,998,814
27	annual interim payments	435,760
28	annual cost of services	572,877
29		
30	Medicaid annual payments	3,844,531
31	Cost of services - max annual payments for UPL	4,181,752
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	4,021,437
37	adjusted maximum annual payments for UPL	4,374,175
38	annual facility specific UPL amount	352,738
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(907)
	annual UPL amount after aggregate limit	
42	adjustments	351,831
43	UPL adjustment available for SFY2018	351,831

Georgia Department of Community Health

	Facility Name	South Ga Medical Center - Berrien Campus
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	609,202
11	cost of Medicaid covered services	223,931
	Medicaid CCR	0.3676
12	total hospital CCR	0.4163
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	214,459
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	48,181
18	payments	6,881
19	annual covered charges	48,181
20	annual interim payments	6,881
21	annual cost of services	20,057
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	25,682
25	payments	5,545
26	annual covered charges	25,682
27	annual interim payments	5,545
28	annual cost of services	10,691
29		
30	Medicaid annual payments	226,885
31	Cost of services - max annual payments for UPL	254,679
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	237,325
37	adjusted maximum annual payments for UPL	266,398
38	annual facility specific UPL amount	29,073
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(75)
	annual UPL amount after aggregate limit	
42	adjustments	28,998
43	UPL adjustment available for SFY2018	28,998

Georgia Department of Community Health

	Facility Name	Southeast Ga Health System - Brunswick
2	base period report period beginning date	5/1/2015
3	base period report period ending date	4/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	12,119,777
11	cost of Medicaid covered services	3,589,178
	Medicaid CCR	0.2961
12	total hospital CCR	0.3179
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,437,356
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	448,393
18	payments	30,543
19	annual covered charges	448,393
20	annual interim payments	30,543
21	annual cost of services	142,549
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,759,092
25	payments	402,179
26	annual covered charges	1,759,092
27	annual interim payments	402,179
28	annual cost of services	559,235
29		
30	Medicaid annual payments	3,870,078
31	Cost of services - max annual payments for UPL	4,290,962
32		
33	<u>adjustment factor</u>	
34	inflation	1.04734
35		
36	adjusted Medicaid annual payments	4,053,287
37	adjusted maximum annual payments for UPL	4,494,096
38	annual facility specific UPL amount	440,809
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(1,133)
	annual UPL amount after aggregate limit	
42	adjustments	439,676
43	UPL adjustment available for SFY2018	439,676

Georgia Department of Community Health

	Facility Name	Southeast Ga Health System - Camden
2	base period report period beginning date	5/1/2015
3	base period report period ending date	4/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,764,881
11	cost of Medicaid covered services	873,769
	Medicaid CCR	0.3160
12	total hospital CCR	0.3399
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	836,809
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	225,522
18	payments	19,243
19	annual covered charges	225,522
20	annual interim payments	19,243
21	annual cost of services	76,648
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	145,989
25	payments	47,644
26	annual covered charges	145,989
27	annual interim payments	47,644
28	annual cost of services	49,617
29		
30	Medicaid annual payments	903,696
31	Cost of services - max annual payments for UPL	1,000,034
32		
33	<u>adjustment factor</u>	
34	inflation	1.04734
35		
36	adjusted Medicaid annual payments	946,477
37	adjusted maximum annual payments for UPL	1,047,376
38	annual facility specific UPL amount	100,899
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(259)
	annual UPL amount after aggregate limit	
42	adjustments	100,640
43	UPL adjustment available for SFY2018	100,640

Georgia Department of Community Health

	Facility Name	Stephens County Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,928,070
11	cost of Medicaid covered services	835,710
	Medicaid CCR	0.4334
12	total hospital CCR	0.3979
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	800,359
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	239,392
18	payments	23,824
19	annual covered charges	239,392
20	annual interim payments	23,824
21	annual cost of services	95,252
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	355,984
25	payments	105,359
26	annual covered charges	355,984
27	annual interim payments	105,359
28	annual cost of services	141,643
29		
30	Medicaid annual payments	929,542
31	Cost of services - max annual payments for UPL	1,072,605
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	972,315
37	adjusted maximum annual payments for UPL	1,121,961
38	annual facility specific UPL amount	149,646
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(385)
	annual UPL amount after aggregate limit	
42	adjustments	149,261
43	UPL adjustment available for SFY2018	149,261

Georgia Department of Community Health

	Facility Name	Tanner Medical Center/Carrollton
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	14,773,343
11	cost of Medicaid covered services	3,117,228
	Medicaid CCR	0.2110
12	total hospital CCR	0.2586
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,985,369
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	817,418
18	payments	33,284
19	annual covered charges	817,418
20	annual interim payments	33,284
21	annual cost of services	211,408
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,656,807
25	payments	551,961
26	annual covered charges	3,656,807
27	annual interim payments	551,961
28	annual cost of services	945,756
29		
30	Medicaid annual payments	3,570,614
31	Cost of services - max annual payments for UPL	4,274,392
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	3,734,916
37	adjusted maximum annual payments for UPL	4,471,078
38	annual facility specific UPL amount	736,162
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(1,892)
	annual UPL amount after aggregate limit	
42	adjustments	734,270
43	UPL adjustment available for SFY2018	734,270

Georgia Department of Community Health

	Facility Name	Tanner Medical Center/Villa Rica
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	8,360,386
11	cost of Medicaid covered services	1,999,827
	Medicaid CCR	0.2392
12	total hospital CCR	0.2790
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,915,234
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	554,565
18	payments	24,558
19	annual covered charges	554,565
20	annual interim payments	24,558
21	annual cost of services	154,726
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,241,873
25	payments	376,360
26	annual covered charges	1,241,873
27	annual interim payments	376,360
28	annual cost of services	346,489
29		
30	Medicaid annual payments	2,316,152
31	Cost of services - max annual payments for UPL	2,501,042
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	2,422,730
37	adjusted maximum annual payments for UPL	2,616,127
38	annual facility specific UPL amount	193,397
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(497)
	annual UPL amount after aggregate limit	
42	adjustments	192,900
43	UPL adjustment available for SFY2018	192,900



Georgia Department of Community Health

	Facility Name	Tift Regional Medical Center - A Campus of Tift Reg Health System
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	17,718,861
11	cost of Medicaid covered services	3,128,678
	Medicaid CCR	0.1766
12	total hospital CCR	0.2026
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,996,335
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	515,239
18	payments	36,236
19	annual covered charges	515,239
20	annual interim payments	36,236
21	annual cost of services	104,382
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	5,401,799
25	payments	643,128
26	annual covered charges	5,401,799
27	annual interim payments	643,128
28	annual cost of services	1,094,351
29		
30	Medicaid annual payments	3,675,699
31	Cost of services - max annual payments for UPL	4,327,411
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	3,844,836
37	adjusted maximum annual payments for UPL	4,526,537
38	annual facility specific UPL amount	681,701
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(1,752)
	annual UPL amount after aggregate limit adjustments	679,949
42		
43	UPL adjustment available for SFY2018	679,949

Georgia Department of Community Health

	Facility Name	Union General Hospital, Inc.
2	base period report period beginning date	5/1/2015
3	base period report period ending date	4/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,599,227
11	cost of Medicaid covered services	387,903
	Medicaid CCR	0.2426
12	total hospital CCR	0.3881
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	371,495
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	110,576
18	payments	5,930
19	annual covered charges	110,576
20	annual interim payments	5,930
21	annual cost of services	42,918
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	377,425
31	Cost of services - max annual payments for UPL	430,821
32		
33	<u>adjustment factor</u>	
34	inflation	1.04734
35		
36	adjusted Medicaid annual payments	395,292
37	adjusted maximum annual payments for UPL	451,216
38	annual facility specific UPL amount	55,924
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(144)
	annual UPL amount after aggregate limit	
42	adjustments	55,780
43	UPL adjustment available for SFY2018	55,780

Georgia Department of Community Health

	Facility Name	University Hospital
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	15,022,332
11	cost of Medicaid covered services	3,058,203
	Medicaid CCR	0.2036
12	total hospital CCR	0.2713
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,928,841
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	298,054
18	payments	21,873
19	annual covered charges	298,054
20	annual interim payments	21,873
21	annual cost of services	80,850
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,373,468
25	payments	481,207
26	annual covered charges	2,373,468
27	annual interim payments	481,207
28	annual cost of services	643,824
29		
30	Medicaid annual payments	3,431,921
31	Cost of services - max annual payments for UPL	3,782,877
32		
33	<u>adjustment factor</u>	
34	inflation	1.045024
35		
36	adjusted Medicaid annual payments	3,586,440
37	adjusted maximum annual payments for UPL	3,953,197
38	annual facility specific UPL amount	366,757
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(943)
	annual UPL amount after aggregate limit	
42	adjustments	365,814
43	UPL adjustment available for SFY2018	365,814

Georgia Department of Community Health

	Facility Name	University Hospital McDuffie
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,981,563
11	cost of Medicaid covered services	858,908
	Medicaid CCR	0.2157
12	total hospital CCR	0.2507
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	822,576
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	116,504
18	payments	6,825
19	annual covered charges	116,504
20	annual interim payments	6,825
21	annual cost of services	29,204
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	37,131
25	payments	11,090
26	annual covered charges	37,131
27	annual interim payments	11,090
28	annual cost of services	9,307
29		
30	Medicaid annual payments	840,491
31	Cost of services - max annual payments for UPL	897,419
32		
33	<u>adjustment factor</u>	
34	inflation	1.045024
35		
36	adjusted Medicaid annual payments	878,333
37	adjusted maximum annual payments for UPL	937,824
38	annual facility specific UPL amount	59,491
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(153)
	annual UPL amount after aggregate limit	
42	adjustments	59,338
43	UPL adjustment available for SFY2018	59,338

Georgia Department of Community Health

	Facility Name	Upson Regional Medical Center
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	9,724,969
11	cost of Medicaid covered services	1,632,160
	Medicaid CCR	0.1678
12	total hospital CCR	0.2157
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,563,120
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	622,280
18	payments	24,334
19	annual covered charges	622,280
20	annual interim payments	24,334
21	annual cost of services	134,243
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	379,852
25	payments	55,452
26	annual covered charges	379,852
27	annual interim payments	55,452
28	annual cost of services	81,944
29		
30	Medicaid annual payments	1,642,906
31	Cost of services - max annual payments for UPL	1,848,347
32		
33	<u>adjustment factor</u>	
34	inflation	1.045024
35		
36	adjusted Medicaid annual payments	1,716,876
37	adjusted maximum annual payments for UPL	1,931,567
38	annual facility specific UPL amount	214,691
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(552)
	annual UPL amount after aggregate limit	
42	adjustments	214,139
43	UPL adjustment available for SFY2018	214,139

Georgia Department of Community Health

	Facility Name	Washington County Regional Medical Center
2	base period report period beginning date	9/1/2015
3	base period report period ending date	8/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,104,797
11	cost of Medicaid covered services	327,955
	Medicaid CCR	0.2968
12	total hospital CCR	0.5034
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	314,083
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	117,295
18	payments	10,852
19	annual covered charges	117,295
20	annual interim payments	10,852
21	annual cost of services	59,051
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	324,935
31	Cost of services - max annual payments for UPL	387,006
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	339,887
37	adjusted maximum annual payments for UPL	404,814
38	annual facility specific UPL amount	64,927
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(167)
	annual UPL amount after aggregate limit	
42	adjustments	64,760
43	UPL adjustment available for SFY2018	64,760

Georgia Department of Community Health

	Facility Name	Wayne Memorial Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	4,077,415
11	cost of Medicaid covered services	921,667
	Medicaid CCR	0.2260
12	total hospital CCR	0.2943
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	882,680
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	756,844
18	payments	38,151
19	annual covered charges	756,844
20	annual interim payments	38,151
21	annual cost of services	222,758
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	540,803
25	payments	117,483
26	annual covered charges	540,803
27	annual interim payments	117,483
28	annual cost of services	159,172
29		
30	Medicaid annual payments	1,038,314
31	Cost of services - max annual payments for UPL	1,303,597
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	1,086,092
37	adjusted maximum annual payments for UPL	1,363,582
38	annual facility specific UPL amount	277,490
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(713)
	annual UPL amount after aggregate limit	
42	adjustments	276,777
43	UPL adjustment available for SFY2018	276,777

Georgia Department of Community Health

	Facility Name	Wellstar Cobb Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	20,606,610
11	cost of Medicaid covered services	3,145,929
	Medicaid CCR	0.1527
12	total hospital CCR	0.2014
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,012,856
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,324,246
18	payments	42,156
19	annual covered charges	1,324,246
20	annual interim payments	42,156
21	annual cost of services	266,741
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,167,666
25	payments	296,441
26	annual covered charges	2,167,666
27	annual interim payments	296,441
28	annual cost of services	436,630
29		
30	Medicaid annual payments	3,351,453
31	Cost of services - max annual payments for UPL	3,849,300
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	3,505,670
37	adjusted maximum annual payments for UPL	4,026,426
38	annual facility specific UPL amount	520,756
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(1,339)
	annual UPL amount after aggregate limit	
42	adjustments	519,417
43	UPL adjustment available for SFY2018	519,417



Georgia Department of Community Health

	Facility Name	Wellstar Douglas Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	12,974,725
11	cost of Medicaid covered services	1,916,769
	Medicaid CCR	0.1477
12	total hospital CCR	0.1794
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,835,690
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	740,513
18	payments	27,830
19	annual covered charges	740,513
20	annual interim payments	27,830
21	annual cost of services	132,849
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	432,008
25	payments	54,724
26	annual covered charges	432,008
27	annual interim payments	54,724
28	annual cost of services	77,503
29		
30	Medicaid annual payments	1,918,244
31	Cost of services - max annual payments for UPL	2,127,121
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	2,006,512
37	adjusted maximum annual payments for UPL	2,225,000
38	annual facility specific UPL amount	218,488
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(562)
	annual UPL amount after aggregate limit	
42	adjustments	217,926
43	UPL adjustment available for SFY2018	217,926

Georgia Department of Community Health

	Facility Name	Wellstar Kennestone Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	24,178,299
11	cost of Medicaid covered services	3,238,451
	Medicaid CCR	0.1339
12	total hospital CCR	0.1887
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,101,465
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,304,322
18	payments	32,949
19	annual covered charges	1,304,322
20	annual interim payments	32,949
21	annual cost of services	246,170
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,569,718
25	payments	358,146
26	annual covered charges	3,569,718
27	annual interim payments	358,146
28	annual cost of services	673,729
29		
30	Medicaid annual payments	3,492,560
31	Cost of services - max annual payments for UPL	4,158,350
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	3,653,270
37	adjusted maximum annual payments for UPL	4,349,696
38	annual facility specific UPL amount	696,426
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(1,790)
	annual UPL amount after aggregate limit	
42	adjustments	694,636
43	UPL adjustment available for SFY2018	694,636

Georgia Department of Community Health

	Facility Name	Wellstar Paulding Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	9,501,929
11	cost of Medicaid covered services	1,225,221
	Medicaid CCR	0.1289
12	total hospital CCR	0.1938
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,173,394
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	823,572
18	payments	24,945
19	annual covered charges	823,572
20	annual interim payments	24,945
21	annual cost of services	159,642
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	325,193
25	payments	38,222
26	annual covered charges	325,193
27	annual interim payments	38,222
28	annual cost of services	63,036
29		
30	Medicaid annual payments	1,236,561
31	Cost of services - max annual payments for UPL	1,447,899
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	1,293,461
37	adjusted maximum annual payments for UPL	1,514,524
38	annual facility specific UPL amount	221,063
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(568)
	annual UPL amount after aggregate limit	
42	adjustments	220,495
43	UPL adjustment available for SFY2018	220,495

Georgia Department of Community Health

	Facility Name	Wellstar West Georgia Medical Center
2	base period report period beginning date	10/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1.340000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	8,370,762
11	cost of Medicaid covered services	1,571,901
	Medicaid CCR	0.1878
12	total hospital CCR	0.3009
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,505,410
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	627,526
18	payments	28,921
19	annual covered charges	840,884
20	annual interim payments	38,754
21	annual cost of services	253,059
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	841,180
25	payments	160,418
26	annual covered charges	1,127,181
27	annual interim payments	214,960
28	annual cost of services	339,218
29		
30	Medicaid annual payments	1,759,124
31	Cost of services - max annual payments for UPL	2,164,178
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	1,840,070
37	adjusted maximum annual payments for UPL	2,263,763
38	annual facility specific UPL amount	423,693
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(1,089)
	annual UPL amount after aggregate limit	
42	adjustments	422,604
43	UPL adjustment available for SFY2018	422,604

Georgia Department of Community Health

	Facility Name	Wellstar Windy Hill Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,168,244
11	cost of Medicaid covered services	482,252
	Medicaid CCR	0.2224
12	total hospital CCR	0.2329
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	461,853
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	0
18	payments	0
19	annual covered charges	0
20	annual interim payments	0
21	annual cost of services	-
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	272,458
25	payments	41,746
26	annual covered charges	272,458
27	annual interim payments	41,746
28	annual cost of services	63,454
29		
30	Medicaid annual payments	503,599
31	Cost of services - max annual payments for UPL	545,706
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	526,772
37	adjusted maximum annual payments for UPL	570,817
38	annual facility specific UPL amount	44,045
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(113)
	annual UPL amount after aggregate limit	
42	adjustments	43,932
43	UPL adjustment available for SFY2018	43,932

Georgia Department of Community Health

	Facility Name	Bacon County Hospital and Health System
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,129,724
11	cost of Medicaid covered services	359,053
	Medicaid CCR	0.3178
12	total hospital CCR	0.4695
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	359,053
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	174,194
18	payments	14,894
19	annual covered charges	174,194
20	annual interim payments	14,894
21	annual cost of services	81,785
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	18,194
25	payments	5,175
26	annual covered charges	18,194
27	annual interim payments	5,175
28	annual cost of services	8,542
29		
30	Medicaid annual payments	379,122
31	Cost of services - max annual payments for UPL	449,380
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	396,567
37	adjusted maximum annual payments for UPL	470,058
38	annual facility specific UPL amount	73,491
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(189)
	annual UPL amount after aggregate limit	
42	adjustments	73,302
43	UPL adjustment available for SFY2018	73,302

Georgia Department of Community Health

	Facility Name	Bleckley Memorial Hospital
2	base period report period beginning date	4/1/2015
3	base period report period ending date	3/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	341,110
11	cost of Medicaid covered services	278,746
	Medicaid CCR	0.8172
12	total hospital CCR	0.6305
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	278,746
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	28,209
18	payments	3,850
19	annual covered charges	28,209
20	annual interim payments	3,850
21	annual cost of services	17,785
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	282,596
31	Cost of services - max annual payments for UPL	296,531
32		
33	<u>adjustment factor</u>	
34	inflation	1.048004
35		
36	adjusted Medicaid annual payments	296,162
37	adjusted maximum annual payments for UPL	310,766
38	annual facility specific UPL amount	14,604
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(38)
	annual UPL amount after aggregate limit	
42	adjustments	14,566
43	UPL adjustment available for SFY2018	14,566

Georgia Department of Community Health

	Facility Name	Brooks County Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	850,203
11	cost of Medicaid covered services	274,903
	Medicaid CCR	0.3233
12	total hospital CCR	0.4117
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	274,903
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	52,298
18	payments	4,100
19	annual covered charges	52,298
20	annual interim payments	4,100
21	annual cost of services	21,532
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	370,830
25	payments	58,355
26	annual covered charges	370,830
27	annual interim payments	58,355
28	annual cost of services	152,676
29		
30	Medicaid annual payments	337,358
31	Cost of services - max annual payments for UPL	449,111
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	352,882
37	adjusted maximum annual payments for UPL	469,777
38	annual facility specific UPL amount	116,895
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(300)
	annual UPL amount after aggregate limit	
42	adjustments	116,595
43	UPL adjustment available for SFY2018	116,595



Georgia Department of Community Health

	Facility Name	Candler County Hospital
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,898,135
11	cost of Medicaid covered services	466,286
	Medicaid CCR	0.2457
12	total hospital CCR	0.2572
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	466,286
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	338,821
18	payments	9,300
19	annual covered charges	338,821
20	annual interim payments	9,300
21	annual cost of services	87,129
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	62,403
25	payments	9,726
26	annual covered charges	62,403
27	annual interim payments	9,726
28	annual cost of services	16,047
29		
30	Medicaid annual payments	485,312
31	Cost of services - max annual payments for UPL	569,462
32		
33	<u>adjustment factor</u>	
34	inflation	1.045024
35		
36	adjusted Medicaid annual payments	507,163
37	adjusted maximum annual payments for UPL	595,101
38	annual facility specific UPL amount	87,938
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(226)
	annual UPL amount after aggregate limit	
42	adjustments	87,712
43	UPL adjustment available for SFY2018	87,712

Georgia Department of Community Health

	Facility Name	Chatuge Regional Hospital, Inc.
2	base period report period beginning date	5/1/2015
3	base period report period ending date	4/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	271,349
11	cost of Medicaid covered services	114,496
	Medicaid CCR	0.4220
12	total hospital CCR	0.7363
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	114,496
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	21,655
18	payments	1,800
19	annual covered charges	21,655
20	annual interim payments	1,800
21	annual cost of services	15,944
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	20,100
25	payments	4,717
26	annual covered charges	20,100
27	annual interim payments	4,717
28	annual cost of services	14,799
29		
30	Medicaid annual payments	121,013
31	Cost of services - max annual payments for UPL	145,239
32		
33	<u>adjustment factor</u>	
34	inflation	1.04734
35		
36	adjusted Medicaid annual payments	126,742
37	adjusted maximum annual payments for UPL	152,115
38	annual facility specific UPL amount	25,373
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(65)
	annual UPL amount after aggregate limit	
42	adjustments	25,308
43	UPL adjustment available for SFY2018	25,308

Georgia Department of Community Health

	Facility Name	Clinch Memorial Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	338,880
11	cost of Medicaid covered services	302,138
	Medicaid CCR	0.8916
12	total hospital CCR	0.8881
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	302,138
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	55,008
18	payments	6,945
19	annual covered charges	55,008
20	annual interim payments	6,945
21	annual cost of services	48,850
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	18,120
25	payments	11,570
26	annual covered charges	18,120
27	annual interim payments	11,570
28	annual cost of services	16,092
29		
30	Medicaid annual payments	320,653
31	Cost of services - max annual payments for UPL	367,080
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	335,408
37	adjusted maximum annual payments for UPL	383,971
38	annual facility specific UPL amount	48,563
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(125)
	annual UPL amount after aggregate limit	
42	adjustments	48,438
43	UPL adjustment available for SFY2018	48,438

Georgia Department of Community Health

	Facility Name	Effingham Health System
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,293,854
11	cost of Medicaid covered services	579,944
	Medicaid CCR	0.2528
12	total hospital CCR	0.3837
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	579,944
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	218,794
18	payments	11,000
19	annual covered charges	218,794
20	annual interim payments	11,000
21	annual cost of services	83,943
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	46,366
25	payments	5,801
26	annual covered charges	46,366
27	annual interim payments	5,801
28	annual cost of services	17,789
29		
30	Medicaid annual payments	596,745
31	Cost of services - max annual payments for UPL	681,676
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	624,204
37	adjusted maximum annual payments for UPL	713,043
38	annual facility specific UPL amount	88,839
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(228)
	annual UPL amount after aggregate limit	
42	adjustments	88,611
43	UPL adjustment available for SFY2018	88,611

Georgia Department of Community Health

	Facility Name	Floyd Polk Medical Center
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	5,287,213
11	cost of Medicaid covered services	978,438
	Medicaid CCR	0.1851
12	total hospital CCR	0.2610
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	978,438
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	407,445
18	payments	15,200
19	annual covered charges	407,445
20	annual interim payments	15,200
21	annual cost of services	106,340
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	83,840
25	payments	14,589
26	annual covered charges	83,840
27	annual interim payments	14,589
28	annual cost of services	21,882
29		
30	Medicaid annual payments	1,008,227
31	Cost of services - max annual payments for UPL	1,106,660
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	1,054,621
37	adjusted maximum annual payments for UPL	1,157,583
38	annual facility specific UPL amount	102,962
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(265)
	annual UPL amount after aggregate limit	
42	adjustments	102,697
43	UPL adjustment available for SFY2018	102,697

Georgia Department of Community Health

	Facility Name	Higgins General Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	4,088,631
11	cost of Medicaid covered services	832,286
	Medicaid CCR	0.2036
12	total hospital CCR	0.3150
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	832,286
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	250,923
18	payments	9,650
19	annual covered charges	250,923
20	annual interim payments	9,650
21	annual cost of services	79,045
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	29,019
25	payments	4,863
26	annual covered charges	29,019
27	annual interim payments	4,863
28	annual cost of services	9,141
29		
30	Medicaid annual payments	846,799
31	Cost of services - max annual payments for UPL	920,472
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	885,764
37	adjusted maximum annual payments for UPL	962,828
38	annual facility specific UPL amount	77,064
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(198)
	annual UPL amount after aggregate limit	
42	adjustments	76,866
43	UPL adjustment available for SFY2018	76,866

Georgia Department of Community Health

	Facility Name	Jasper Memorial Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	206,415
11	cost of Medicaid covered services	154,320
	Medicaid CCR	0.7476
12	total hospital CCR	1.1332
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	154,320
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	9,372
18	payments	1,650
19	annual covered charges	9,372
20	annual interim payments	1,650
21	annual cost of services	10,620
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	155,970
31	Cost of services - max annual payments for UPL	164,940
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	163,147
37	adjusted maximum annual payments for UPL	172,530
38	annual facility specific UPL amount	9,383
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(24)
	annual UPL amount after aggregate limit	
42	adjustments	9,359
43	UPL adjustment available for SFY2018	9,359

Georgia Department of Community Health

	Facility Name	Jeff Davis Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	704,391
11	cost of Medicaid covered services	246,366
	Medicaid CCR	0.3498
12	total hospital CCR	0.3786
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	246,366
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	83,460
18	payments	4,900
19	annual covered charges	83,460
20	annual interim payments	4,900
21	annual cost of services	31,597
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	30,882
25	payments	4,956
26	annual covered charges	30,882
27	annual interim payments	4,956
28	annual cost of services	11,691
29		
30	Medicaid annual payments	256,222
31	Cost of services - max annual payments for UPL	289,654
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	268,012
37	adjusted maximum annual payments for UPL	302,982
38	annual facility specific UPL amount	34,970
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(90)
	annual UPL amount after aggregate limit	
42	adjustments	34,880
43	UPL adjustment available for SFY2018	34,880



Georgia Department of Community Health

	Facility Name	Liberty Regional Medical Center
2	base period report period beginning date	12/1/2015
3	base period report period ending date	11/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,504,238
11	cost of Medicaid covered services	812,601
	Medicaid CCR	0.2319
12	total hospital CCR	0.3219
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	812,601
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	266,103
18	payments	14,800
19	annual covered charges	266,103
20	annual interim payments	14,800
21	annual cost of services	85,661
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	164,765
25	payments	24,782
26	annual covered charges	164,765
27	annual interim payments	24,782
28	annual cost of services	53,039
29		
30	Medicaid annual payments	852,183
31	Cost of services - max annual payments for UPL	951,301
32		
33	<u>adjustment factor</u>	
34	inflation	1.045354
35		
36	adjusted Medicaid annual payments	890,833
37	adjusted maximum annual payments for UPL	994,446
38	annual facility specific UPL amount	103,613
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(266)
	annual UPL amount after aggregate limit	
42	adjustments	103,347
43	UPL adjustment available for SFY2018	103,347

Georgia Department of Community Health

	Facility Name	Medical Center of Peach County, Navicent Health
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,537,342
11	cost of Medicaid covered services	453,079
	Medicaid CCR	0.2947
12	total hospital CCR	0.3249
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	453,079
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	118,316
18	payments	7,950
19	annual covered charges	118,316
20	annual interim payments	7,950
21	annual cost of services	38,436
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	461,029
31	Cost of services - max annual payments for UPL	491,515
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	482,243
37	adjusted maximum annual payments for UPL	514,132
38	annual facility specific UPL amount	31,889
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(82)
	annual UPL amount after aggregate limit	
42	adjustments	31,807
43	UPL adjustment available for SFY2018	31,807

Georgia Department of Community Health

	Facility Name	Miller County Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,194,757
11	cost of Medicaid covered services	924,656
	Medicaid CCR	0.4213
12	total hospital CCR	0.8162
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	924,656
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	70,208
18	payments	5,591
19	annual covered charges	70,208
20	annual interim payments	5,591
21	annual cost of services	57,305
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	36,188
25	payments	19,558
26	annual covered charges	36,188
27	annual interim payments	19,558
28	annual cost of services	29,537
29		
30	Medicaid annual payments	949,805
31	Cost of services - max annual payments for UPL	1,011,498
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	993,510
37	adjusted maximum annual payments for UPL	1,058,042
38	annual facility specific UPL amount	64,532
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(166)
	annual UPL amount after aggregate limit	
42	adjustments	64,366
43	UPL adjustment available for SFY2018	64,366

Georgia Department of Community Health

	Facility Name	Mitchell County Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,154,787
11	cost of Medicaid covered services	279,836
	Medicaid CCR	0.2423
12	total hospital CCR	0.7094
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	279,836
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	44,844
18	payments	3,950
19	annual covered charges	44,844
20	annual interim payments	3,950
21	annual cost of services	31,814
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	107,618
25	payments	19,826
26	annual covered charges	107,618
27	annual interim payments	19,826
28	annual cost of services	76,348
29		
30	Medicaid annual payments	303,612
31	Cost of services - max annual payments for UPL	387,998
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	317,583
37	adjusted maximum annual payments for UPL	405,852
38	annual facility specific UPL amount	88,269
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(227)
	annual UPL amount after aggregate limit	
42	adjustments	88,042
43	UPL adjustment available for SFY2018	88,042

Georgia Department of Community Health

	Facility Name	Monroe County Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	436,172
11	cost of Medicaid covered services	183,788
	Medicaid CCR	0.4214
12	total hospital CCR	0.5101
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	183,788
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	59,131
18	payments	5,700
19	annual covered charges	59,131
20	annual interim payments	5,700
21	annual cost of services	30,164
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	189,488
31	Cost of services - max annual payments for UPL	213,952
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	198,207
37	adjusted maximum annual payments for UPL	223,797
38	annual facility specific UPL amount	25,590
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(66)
	annual UPL amount after aggregate limit	
42	adjustments	25,524
43	UPL adjustment available for SFY2018	25,524

Georgia Department of Community Health

	Facility Name	Morgan Memorial Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	486,425
11	cost of Medicaid covered services	235,036
	Medicaid CCR	0.4832
12	total hospital CCR	0.5627
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	235,036
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	58,989
18	payments	5,000
19	annual covered charges	58,989
20	annual interim payments	5,000
21	annual cost of services	33,191
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	22,715
25	payments	4,769
26	annual covered charges	22,715
27	annual interim payments	4,769
28	annual cost of services	12,781
29		
30	Medicaid annual payments	244,805
31	Cost of services - max annual payments for UPL	281,008
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	256,070
37	adjusted maximum annual payments for UPL	293,939
38	annual facility specific UPL amount	37,869
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(97)
	annual UPL amount after aggregate limit	
42	adjustments	37,772
43	UPL adjustment available for SFY2018	37,772

Georgia Department of Community Health

	Facility Name	Pioneer Community Hospital of Early
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	501,143
11	cost of Medicaid covered services	220,145
	Medicaid CCR	0.4393
12	total hospital CCR	0.9897
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	220,145
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	85,999
18	payments	5,100
19	annual covered charges	85,999
20	annual interim payments	5,100
21	annual cost of services	85,116
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	40,743
25	payments	9,726
26	annual covered charges	40,743
27	annual interim payments	9,726
28	annual cost of services	40,325
29		
30	Medicaid annual payments	234,971
31	Cost of services - max annual payments for UPL	345,586
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	245,783
37	adjusted maximum annual payments for UPL	361,488
38	annual facility specific UPL amount	115,705
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(297)
	annual UPL amount after aggregate limit	
42	adjustments	115,408
43	UPL adjustment available for SFY2018	115,408

Georgia Department of Community Health

	Facility Name	Putnam General Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	514,156
11	cost of Medicaid covered services	260,301
	Medicaid CCR	0.5063
12	total hospital CCR	0.5471
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	260,301
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	53,076
18	payments	4,396
19	annual covered charges	53,076
20	annual interim payments	4,396
21	annual cost of services	29,040
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	264,697
31	Cost of services - max annual payments for UPL	289,341
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	276,877
37	adjusted maximum annual payments for UPL	302,655
38	annual facility specific UPL amount	25,778
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(66)
	annual UPL amount after aggregate limit	
42	adjustments	25,712
43	UPL adjustment available for SFY2018	25,712



Georgia Department of Community Health

	Facility Name	South Ga Medical Center - Lanier Campus
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	435,938
11	cost of Medicaid covered services	223,301
	Medicaid CCR	0.5122
12	total hospital CCR	0.9156
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	223,301
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	60,005
18	payments	5,350
19	annual covered charges	60,005
20	annual interim payments	5,350
21	annual cost of services	54,940
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	27,827
25	payments	5,050
26	annual covered charges	27,827
27	annual interim payments	5,050
28	annual cost of services	25,478
29		
30	Medicaid annual payments	233,701
31	Cost of services - max annual payments for UPL	303,719
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	244,455
37	adjusted maximum annual payments for UPL	317,695
38	annual facility specific UPL amount	73,240
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(188)
	annual UPL amount after aggregate limit	
42	adjustments	73,052
43	UPL adjustment available for SFY2018	73,052

Georgia Department of Community Health

	Facility Name	Southwest Ga Regional Medical Center
2	base period report period beginning date	8/1/2015
3	base period report period ending date	7/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	824,671
11	cost of Medicaid covered services	288,184
	Medicaid CCR	0.3495
12	total hospital CCR	0.8021
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	288,184
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	45,367
18	payments	3,016
19	annual covered charges	45,367
20	annual interim payments	3,016
21	annual cost of services	36,388
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	291,200
31	Cost of services - max annual payments for UPL	324,572
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	304,600
37	adjusted maximum annual payments for UPL	339,507
38	annual facility specific UPL amount	34,907
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(90)
	annual UPL amount after aggregate limit	
42	adjustments	34,817
43	UPL adjustment available for SFY2018	34,817

Georgia Department of Community Health

	Facility Name	Warm Springs Medical Center
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	440,752
11	cost of Medicaid covered services	164,575
	Medicaid CCR	0.3734
12	total hospital CCR	0.6904
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	164,575
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	70,074
18	payments	4,200
19	annual covered charges	70,074
20	annual interim payments	4,200
21	annual cost of services	48,376
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	168,775
31	Cost of services - max annual payments for UPL	212,951
32		
33	<u>adjustment factor</u>	
34	inflation	1.045024
35		
36	adjusted Medicaid annual payments	176,374
37	adjusted maximum annual payments for UPL	222,539
38	annual facility specific UPL amount	46,165
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(119)
	annual UPL amount after aggregate limit	
42	adjustments	46,046
43	UPL adjustment available for SFY2018	46,046

Georgia Department of Community Health

	Facility Name	Wellstar Sylvan Grove Hospital
2	base period report period beginning date	1/1/2016
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	2.010000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	780,884
11	cost of Medicaid covered services	98,987
	Medicaid CCR	0.1268
12	total hospital CCR	0.2092
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	98,987
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	262,781
18	payments	7,550
19	annual covered charges	528,189
20	annual interim payments	15,176
21	annual cost of services	110,498
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	114,163
31	Cost of services - max annual payments for UPL	209,485
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	119,416
37	adjusted maximum annual payments for UPL	219,124
38	annual facility specific UPL amount	99,708
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(256)
	annual UPL amount after aggregate limit	
42	adjustments	99,452
43	UPL adjustment available for SFY2018	99,452

Georgia Department of Community Health

	Facility Name	Wills Memorial Hospital
2	base period report period beginning date	5/1/2015
3	base period report period ending date	4/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	434,494
11	cost of Medicaid covered services	205,165
	Medicaid CCR	0.4722
12	total hospital CCR	0.6451
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	205,165
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	61,843
18	payments	5,225
19	annual covered charges	61,843
20	annual interim payments	5,225
21	annual cost of services	39,892
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	25,341
25	payments	9,854
26	annual covered charges	25,341
27	annual interim payments	9,854
28	annual cost of services	16,346
29		
30	Medicaid annual payments	220,244
31	Cost of services - max annual payments for UPL	261,403
32		
33	<u>adjustment factor</u>	
34	inflation	1.04734
35		
36	adjusted Medicaid annual payments	230,670
37	adjusted maximum annual payments for UPL	273,778
38	annual facility specific UPL amount	43,108
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(111)
	annual UPL amount after aggregate limit	
42	adjustments	42,997
43	UPL adjustment available for SFY2018	42,997

Georgia Department of Community Health

	Facility Name	Mountain Lakes Medical Center
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	371,797
11	cost of Medicaid covered services	136,131
	Medicaid CCR	0.3661
12	total hospital CCR	0.2854
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	136,131
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	11,639
18	payments	750
19	annual covered charges	11,639
20	annual interim payments	750
21	annual cost of services	3,322
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	16,713
25	payments	4,676
26	annual covered charges	16,713
27	annual interim payments	4,676
28	annual cost of services	4,770
29		
30	Medicaid annual payments	141,557
31	Cost of services - max annual payments for UPL	144,223
32		
33	<u>adjustment factor</u>	
34	inflation	1.045024
35		
36	adjusted Medicaid annual payments	147,930
37	adjusted maximum annual payments for UPL	150,716
38	annual facility specific UPL amount	2,786
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	2,786
42		
43	UPL adjustment available for SFY2018	2,786

Georgia Department of Community Health

	Facility Name	Optim Medical Center - Jenkins
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,131,547
11	cost of Medicaid covered services	311,578
	Medicaid CCR	0.2754
12	total hospital CCR	0.4089
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	311,578
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	106,144
18	payments	7,250
19	annual covered charges	106,144
20	annual interim payments	7,250
21	annual cost of services	43,405
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	30,000
25	payments	9,726
26	annual covered charges	30,000
27	annual interim payments	9,726
28	annual cost of services	12,268
29		
30	Medicaid annual payments	328,554
31	Cost of services - max annual payments for UPL	367,251
32		
33	<u>adjustment factor</u>	
34	inflation	1.045024
35		
36	adjusted Medicaid annual payments	343,347
37	adjusted maximum annual payments for UPL	383,786
38	annual facility specific UPL amount	40,439
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	40,439
43	UPL adjustment available for SFY2018	40,439

Georgia Department of Community Health

	Facility Name	Optim Medical Center - Screven
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	720,997
11	cost of Medicaid covered services	306,281
	Medicaid CCR	0.4248
12	total hospital CCR	0.5251
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	306,281
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	79,651
18	payments	6,450
19	annual covered charges	79,651
20	annual interim payments	6,450
21	annual cost of services	41,825
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	42,746
25	payments	9,726
26	annual covered charges	42,746
27	annual interim payments	9,726
28	annual cost of services	22,446
29		
30	Medicaid annual payments	322,457
31	Cost of services - max annual payments for UPL	370,552
32		
33	<u>adjustment factor</u>	
34	inflation	1.045024
35		
36	adjusted Medicaid annual payments	336,975
37	adjusted maximum annual payments for UPL	387,236
38	annual facility specific UPL amount	50,261
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	50,261
42		
43	UPL adjustment available for SFY2018	50,261



Georgia Department of Community Health

	Facility Name	Optim Medical Center - Tattnall
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	4,364,338
11	cost of Medicaid covered services	474,341
	Medicaid CCR	0.1087
12	total hospital CCR	0.1122
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	474,341
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	122,005
18	payments	8,200
19	annual covered charges	122,005
20	annual interim payments	8,200
21	annual cost of services	13,691
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,374,707
25	payments	116,537
26	annual covered charges	2,374,707
27	annual interim payments	116,537
28	annual cost of services	266,485
29		
30	Medicaid annual payments	599,078
31	Cost of services - max annual payments for UPL	754,517
32		
33	<u>adjustment factor</u>	
34	inflation	1.045024
35		
36	adjusted Medicaid annual payments	626,051
37	adjusted maximum annual payments for UPL	788,488
38	annual facility specific UPL amount	162,437
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	162,437
42		
43	UPL adjustment available for SFY2018	162,437

Georgia Department of Community Health

	Facility Name	Phoebe Worth Medical Center
2	base period report period beginning date	8/1/2015
3	base period report period ending date	7/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	876,326
11	cost of Medicaid covered services	356,388
	Medicaid CCR	0.4067
12	total hospital CCR	0.6157
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	356,388
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	78,804
18	payments	6,300
19	annual covered charges	78,804
20	annual interim payments	6,300
21	annual cost of services	48,523
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	362,688
31	Cost of services - max annual payments for UPL	404,911
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	379,377
37	adjusted maximum annual payments for UPL	423,543
38	annual facility specific UPL amount	44,166
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	44,166
43	UPL adjustment available for SFY2018	44,166

Georgia Department of Community Health

	Facility Name	St. Mary's Good Samaritan Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,114,420
11	cost of Medicaid covered services	329,976
	Medicaid CCR	0.2961
12	total hospital CCR	0.3154
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	329,976
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	128,331
18	payments	9,150
19	annual covered charges	128,331
20	annual interim payments	9,150
21	annual cost of services	40,475
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	102,318
25	payments	35,858
26	annual covered charges	102,318
27	annual interim payments	35,858
28	annual cost of services	32,270
29		
30	Medicaid annual payments	374,984
31	Cost of services - max annual payments for UPL	402,721
32		
33	<u>adjustment factor</u>	
34	inflation	1.046015
35		
36	adjusted Medicaid annual payments	392,239
37	adjusted maximum annual payments for UPL	421,252
38	annual facility specific UPL amount	29,013
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	29,013
42		
43	UPL adjustment available for SFY2018	29,013